

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Legislative findings and purpose. Medical
5 clinics, emergency rooms, and hospitals across the country are
6 overwhelmed by the opioid crisis and have been adversely
7 affected by costs and increasing rates of recidivism due to an
8 increase in the need for additional comprehensive
9 community-based continuum of care services for persons with
10 opioid and other substance use disorders. According to the
11 Centers for Disease Control and Prevention, there has been a
12 600% increase in the incidence of opioid use disorders since
13 1999, creating an increased need for treatment and other
14 recovery support services. Most persons with substance use
15 disorders also face co-existing social and economic challenges
16 including poverty, job insecurity, and a lack of safe and sober
17 living environments. The current health care system is often
18 too expensive, fragmented, and disjointed to sufficiently
19 address the needs of persons with substance use disorders.
20 Consequently, we are at a pivotal time in history when
21 insurance companies are having to become more innovative in
22 their approaches to contain costs and improve the outcomes of
23 those persons with substance use disorders. Hospitals are also
24 contemplating new and innovative ways to reduce their costs and

1 rates of recidivism, improve the outcomes of those persons with
2 substance use disorders, and monitor these persons with a
3 greater level of care in order to achieve the highest level of
4 multiple performance outcomes at a time when performance
5 metrics matter more than ever. The State of Illinois has the
6 opportunity to lead the nation by supporting and amplifying the
7 most comprehensive and vertically integrated approach to
8 recovery that can effectively address the root causes of
9 substance use disorders, while stabilizing other co-existing
10 social, economic, and housing conditions that can impair a
11 person's long-term recovery. In addition to helping persons
12 achieve physical recovery from a substance use disorder, it is
13 also important to help them find new meaning in their personal
14 lives by rebuilding and strengthening their family
15 relationships, community ties, and spiritual development.
16 Recovery housing can facilitate this holistic approach to
17 recovery and help persons replace their need for substances
18 with more meaningful elements of life. Therefore, it is the
19 purpose of this Act to provide Illinois citizens with greater
20 access to a more robust and holistic continuum of behavioral
21 health care services and supports by providing health care
22 coverage for recovery housing for persons with substance use
23 disorders.

24 Section 5. The Illinois Insurance Code is amended by adding
25 Section 356z.29 as follows:

1 (215 ILCS 5/356z.29 new)

2 Sec. 356z.29. Recovery housing for persons with substance
3 use disorders.

4 (a) Definitions. As used in this Section:

5 "Substance use disorder" and "case management" have the
6 meanings ascribed to those terms in Section 1-10 of the
7 Substance Use Disorder Act.

8 "Hospital" means a facility licensed by the Department of
9 Public Health under the Hospital Licensing Act.

10 "Federally qualified health center" means a facility as
11 defined in Section 1905(1) (2) (B) of the federal Social Security
12 Act.

13 "Recovery housing" means a residential extended care
14 treatment facility or a recovery home as defined and licensed
15 in 77 Illinois Administrative Code, Part 2060, by the Illinois
16 Department of Human Services, Division of Substance Use
17 Prevention and Recovery.

18 (b) A group or individual policy of accident and health
19 insurance or managed care plan amended, delivered, issued, or
20 renewed on or after the effective date of this amendatory Act
21 of the 100th General Assembly may provide coverage for
22 residential extended care services and supports for persons
23 recovery housing for persons with substance use disorders who
24 are at risk of a relapse following discharge from a health care
25 clinic, federally qualified health center, hospital withdrawal

1 management program or any other licensed withdrawal management
2 program, or hospital emergency department so long as all of the
3 following conditions are met:

4 (1) A health care clinic, federally qualified health
5 center, hospital withdrawal management program or any
6 other licensed withdrawal management program, or hospital
7 emergency department has conducted an individualized
8 assessment, using criteria established by the American
9 Society of Addiction Medicine, of the person's condition
10 prior to discharge and has identified the person as being
11 at risk of a relapse and in need of supportive services,
12 including employment and training and case management, to
13 maintain long-term recovery. A determination of whether a
14 person is in need of supportive services shall also be
15 based on whether the person has a history of poverty, job
16 insecurity, and lack of a safe and sober living
17 environment.

18 (2) The recovery housing is administered by a
19 community-based agency that is licensed by or under
20 contract with the Department of Human Services, Division of
21 Substance Use Prevention and Recovery.

22 (3) The recovery housing is administered by a
23 community-based agency as described in paragraph (2) upon
24 the referral of a health care clinic, federally qualified
25 health center, hospital withdrawal management program or
26 any other licensed withdrawal management program, or

1 hospital emergency department.

2 (c) Based on the individualized needs assessment, any
3 coverage provided in accordance with this Section may include,
4 but not be limited to, the following:

5 (1) Substance use disorder treatment services that are
6 in accordance with licensure standards promulgated by the
7 Department of Human Services, Division of Substance Use
8 Prevention and Recovery.

9 (2) Transitional housing services, including food or
10 meal plans.

11 (3) Individualized case management and referral
12 services, including case management and social services
13 for the families of persons who are seeking treatment for a
14 substance use disorder.

15 (4) Job training or placement services.

16 (d) The insurer may rate each community-based agency that
17 is licensed by or under contract with the Department of Human
18 Services, Division of Substance Use Prevention and Recovery to
19 provide recovery housing based on an evaluation of each
20 agency's ability to:

21 (1) reduce health care costs;

22 (2) reduce recidivism rates for persons suffering from
23 a substance use disorder;

24 (3) improve outcomes;

25 (4) track persons with substance use disorders; and

26 (5) improve the quality of life of persons with

1 substance use disorders through the utilization of
2 sustainable recovery, education, employment, and housing
3 services.

4 The insurer may publish the results of the ratings on its
5 official website and shall, on an annual basis, update the
6 posted results.

7 (e) The Department of Insurance may adopt any rules
8 necessary to implement the provisions of this Section in
9 accordance with the Illinois Administrative Procedure Act and
10 all rules and procedures of the Joint Committee on
11 Administrative Rules; any purported rule not so adopted, for
12 whatever reason, is unauthorized.